



MECHANICAL PERMIT APPLICATION

Scott County Government Center | 200 4th Avenue West Shakopee, MN 55379-1220
Office: (952) 496-8475 | Fax: (952) 496-8650

| COUNTY USE ONLY |
|-----------------|
| Permit # |
| Receipt # |

SITE INFORMATION

| | |
|--------------|----------|
| Site Address | Township |
| Parcel ID # | |

APPLICANT/CONTRACTOR INFORMATION

| | | | |
|---------------------------|-------|----------------|-----|
| Applicant/Contractor Name | | License Number | |
| Contact Person | Email | | |
| Address | City | State | Zip |
| Cell Phone | Phone | Fax | |

PROPERTY OWNER INFORMATION

| | | | |
|---------|-------|-------|-----|
| Name | Email | Phone | |
| Address | City | State | Zip |

RESIDENTIAL

| Type of Work | Permit Fee | State Surcharge | Total |
|------------------------|------------|-----------------|-------|
| Boiler | \$65.00 | \$1.00 | |
| Fireplace (Any Number) | \$65.00 | \$1.00 | |
| Air Conditioner | \$65.00 | \$1.00 | |
| Air Exchanger | \$65.00 | \$1.00 | |
| Garage Heater | \$65.00 | \$1.00 | |
| Furnace | \$65.00 | \$1.00 | |
| Other | \$65.00 | \$1.00 | |
| Permit Total | | | |

COMMERCIAL/INDUSTRIAL

| Job Type | Permit Fee | State Surcharge | Total |
|--|------------|-----------------|-------|
| Estimated Value of Work (Contract Price) | | | |
| Permit Cost (Minumum Charge \$175.00) | | | |

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use.

Furthermore, every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The County reserves the right to invoice the applicant and/or contractor for the plan review fee which will be due upon receipt of invoice.

| | |
|--------------------------------------|------|
| Signature of Applicant | Date |
| Printed Name of Applicant | |
| Application Approved for Issuance by | Date |

ALL MATERIALS AND LABOR MUST COMPLY WITH STATE BUILDING CODE